HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
DIVISION OF INVESTIGATION
P.O.BOX 95164
LINCOLN, NEBRASKA 68509-5164

NEBRASKA SUPPLEMENT

Section 1: IDENTIFYING INFORMATION - Complete all items for the person being reported.

Name: _____ Work Telephone No: _____
(First) (M.I.) (Last)

Nebraska License No: _____

Work Address: _____ License Field: _____

_____
(City) (State) (Zip)

Section 2: ADDITIONAL INFORMATION - Complete only the applicable part.

Part A - Payments

Complete all the items that follow if you are a Health Care Facility or Insurer:

1. State where the act(s), omission(s), or conduct occurred which lead to malpractice payment:

   Location Name: _____

   Address: _____

   _____

   Telephone No: _____

2. List all patients, clients, or other persons to whom or for whose behalf payment was made:

Name	Address

3. List all persons who were present at the time of the act(s), omission(s), or conduct which resulted in a payment and who would have firsthand knowledge of the same:

Name	Title	Address	Telephone #

Part B - Adverse Action Against Privileges or Membership

If you are a Peer Review Organization or Professional Association, complete all the applicable items that follow:

1. State where the act(s), omission(s), or conduct occurred which lead to the adverse action against privileges or membership:

   Location Name: _____

   Address: _____

   _____

   Telephone No: _____

2. List all patients, clients, or other persons to whom or for whose behalf payment was made:

Name	Address

3. List all persons who were present at the time of the act(s), omission(s), or conduct which resulted in a payment and who would have firsthand knowledge of the same:

Name	Title	Address	Telephone #

Section 3: REPORTING ENTITY - Complete all items.

Name of person completing report:

_____ Title: _____
(First) (M.I.) (Last)

Address: _____

_____

_____ _____
(Signature) (Date)

NOTE: Attach this form to the licensing board copy of the National Practitioner Data Bank Report and mail both to the Bureau of Examining Boards.